

Temporary Enrollment Form for Out of State Providers

This short enrollment form is for Temporary Enrollment due to Hurricane Katrina. Effective dates will be from 08-29-05 to 11-30-05.

Please circle the appropriate provider type (circle only one) and specialty codes (circle up to five) to ensure proper enrollment. Specialty EQ is used to designate those provider types covered only for EPSDT referred services and Qualified Medicare Beneficiaries

PROVIDER TYPE	SPECIALTY
28 AMBULATORY SURGICAL CTR	A4 AMBULATORY SURGICAL CENTER L2 LITHOTRIPSY
20 AUDIOLOGY/HEARING SVCS	64 AUDIOLOGY
24 CHILDREN'S SPECIALTY CLINICS	E3 EPSDT SCREENING (Must submit CLIA certification. Must complete EPSDT Agreement.) SC CHILDREN'S REHAB SERVICES SD SPARKS REHAB CENTER (Required if working for Sparks) SH HEMOPHILIA (CRS) V6 ORTHODONTIA (CRS) SR RADIOLOGY CLINICS (CRS)
18 CHIROPRACTOR	35 CHIROPRACTOR EQ QMB/EPSDT
92 ANESTHESIOLOGY	N7 ANESTHESIOLOGY ASSISTANT C3 CRNA
08 DENTIST	V2 GENERAL DENTISTRY
79 DENTIST / ORAL SURGEON	SE ORAL & MAXILLOFACIAL SURGERY
91 DURABLE MEDICAL EQUIPMENT	V4 DURABLE MEDICAL EQUIPMENT/OXYGEN
49 FEDERALLY QUALIFIED HEALTH CENTER	N3 CERTIFIED REG. NURSE PRACTITIONER F2 FEDERALLY QUALIFIED HEALTH CENTER E3 EPSDT SCREENING (Must submit CLIA certification. Must complete EPSDT Agreement.) N2 NURSE MIDWIFE N6 PHYSICIAN'S ASSISTANT V2 GENERAL DENTISTRY X4 OPTOMETRY
66 HEARING AIDS	H1 HEARING AID DEALER
14 HOME HEALTH	H3 HOME HEALTH P1 PERSONAL CARE
47 HOSPICE	H6 HOSPICE
05 HOSPITAL	WC EXTENDED CARE HOSPITAL W6 GENERAL HOSPITAL W2 INPATIENT PSYCHIATRIC HOSPITAL Over 65 W3 INPATIENT PSYCHIATRIC HOSPITAL Under 21 L2 LITHOTRIPSY M7 MAMMOGRAPHY (Must provide certification) W8 ORGAN TRANSPLANTS S5 SWING BED HOSPITALS
11 SWING BED HOSPITAL (Skilled Nursing Beds)	
09 INDEPENDENT LABORATORY	L3 DEPT OF PUBLIC HEALTH LAB 69 INDEPENDENT LAB
58 INDEPENDENT NURSE PRACTITIONER	E3 EPSDT SCREENING (Must submit CLIA certification. Must complete EPSDT Agreement.) 08 FAMILY PRACTICE N1 NEONATOLOGY N3 NURSE PRACTITIONER (Required Specialty) 37 PEDIATRICS (Independent Nurse Practitioners must select N3 as well as either 08, N1 or 37 specialty code.)
10 INDEPENDENT RADIOLOGY	M7 MAMMOGRAPHY (Must provide certification) 36 NUCLEAR MEDICINE 66 PHYSIOLOGICAL LAB (INDEP. DIAG. TEST. FAC) 63 PORTABLE X-RAY EQUIPMENT 30 RADIOLOGY
12 INTERMEDIATE CARE FACILITY	W4 INTERMEDIATE CARE FACILITY

PROVIDER TYPE	SPECIALTY
41 MEDICARE CROSSOVERS ONLY	M4 MEDICARE/MEDICAID CROSSOVER ONLY
90 NON PROVIDER	NM NON MEDICAID PROVIDER
22 OPTICIAN/OPTOMETRIST	X3 OPTICIAN X4 OPTOMETRIST
23 OPTICAL DISPENSING CONTRACTOR	X2 OPTICAL DISPENSING CONTRACTOR
99 OTHER	E3 EPSDT SCREENING (Must submit CLIA certification. Must complete EPSDT Agreement.) N2 NURSE MIDWIFE ZZ OTHER P9 PREVENTIVE HEALTH EDUCATION
07 PHARMACY	PA GOVERNMENTAL PB INSTITUTIONAL P2 RETAIL PHARMACY
01 PHYSICIAN 30 PHYSICIAN (COUNTY HEALTH DEPT.) 24 PHYSICIAN (CHILDREN'S SPECIALTY CLINICS) 29 PHYSICIAN (RHC) 49 PHYSICIAN (FQHC)	03 ALLERGY/IMMUNOLOGY 05 ANESTHESIOLOGY S1 CARDIAC SURGERY 06 CARDIOVASCULAR DISEASE C9 COCHLEAR IMPLANT TEAM S2 COLON AND RECTAL SURGERY 07 DERMATOLOGY XA EENT E1 EMERGENCY MEDICINE E2 ENDOCRINOLOGY E3 EPSDT SCREENING (Must submit CLIA certification. Must complete EPSDT Agreement.) 08 FAMILY PRACTICE 10 GASTROENTEROLOGY V2 GENERAL DENTISTRY 01 GENERAL PRACTICE 02 GENERAL SURGERY 38 GERIATRICS 21 HAND SURGERY H2 HEMATOLOGY 55 INFECTIOUS DISEASES 11 INTERNAL MEDICINE M7 MAMMOGRAPHY N1 NEONATOLOGY 39 NEPHROLOGY 14 NEUROLOGICAL SURGERY 13 NEUROLOGY 36 NUCLEAR MEDICINE 40 NUTRITION 16 OBSTETRICS/GYNECOLOGY XI ONCOLOGY 18 OPHTHALMOLOGY SE ORAL AND MAXILLOFACIAL SURGERY X6 ORTHOPEDIC 20 ORTHOPEDIC SURGERY X9 OTORHINOLARYNGOLOGY 22 PATHOLOGY 37 PEDIATRICS P3 PHYSICAL MEDICINE 24 PLASTIC, RECONSTRUCTIVE, COSMETIC SURGERY 28 PROCTOLOGY 26 PSYCHIATRY 29 PULMONARY DISEASE 30 RADIOLOGY R4 RHEUMATOLOGY 33 THORACIC SURGERY 34 UROLOGY S4 VASCULAR SURGERY
06 PHYSICIAN EMPLOYED PRACTITIONER	E3 EPSDT SCREENING (Must submit CLIA certification. Must complete EPSDT Agreement.) N3 PHYS. EMPLOYED CERT REG. NURSE PRACTITIONER N6 PHYS. EMPLOYED PHYSICIAN'S ASSISTANT

PROVIDER TYPE	SPECIALTY
17 PODIATRIST	48 PODIATRY EQ QMB/EPSTD (Required Specialty)
38 PRIVATE DUTY NURSING	P6 PRIVATE DUTY NURSING To participate in the Technology Assisted (TA) Waiver for Adults program, a TA Waiver Addendum must be completed and submitted.
19 PSYCHOLOGIST	62 PSYCHOLOGY EQ QMB/EPSTD (Required Specialty)
26 REHABILITATION CENTER	E3 EPSTD SCREENING (Must submit CLIA certification. Must complete EPSTD Agreement.) M4 QMB ONLY R1 REHABILITATION HOSPITAL
34 RENAL DIALYSIS	H5 HEMODIALYSIS 39 NEPHROLOGY
29 RURAL HEALTH (INDEPENDENT)	R8 FREE STANDING RURAL HEALTH CLINIC E3 EPSTD SCREENING (Must submit CLIA certification. Must complete EPSTD Agreement.) N2 NURSE MIDWIFE V2 GENERAL DENTISTRY
29 RURAL HEALTH (PROVIDER BASED)	R2 PROVIDER BASED RURAL HEALTH CLINIC E3 EPSTD SCREENING (Must submit CLIA certification. Must complete EPSTD Agreement.) N2 NURSE MIDWIFE V2 GENERAL DENTISTRY
11 SKILLED NURSING FACILITY	S5 NURSING FACILITY
15 TRANSPORTATION	A1 EMERGENCY (Ground ambulance) TB FIXED WING TA HELICOPTER
21 THERAPIST	T6 OCCUPATIONAL THERAPY T1 PHYSICAL THERAPY EQ QMB/EPSTD (Required Specialty) T2 SPEECH THERAPY (Hospital Based Therapists are not eligible to enroll.)

One provider type per application must be circled, along with at least one relating specialty. The specialties related to a specific provider type are blocked in the area across from the provider type. Example: Provider Type 38 is Private Duty Nursing, the only specialty that coincides with this provider type is P6, which is Private Duty Nursing.

ALABAMA MEDICAID PROVIDER ENROLLMENT APPLICATION

*This short enrollment form is for Temporary Enrollment due to Hurricane Katrina
Effective from 08-29-05 to 11-30-05

Your State Medicaid Provider Number _____

ALL APPLICANTS MUST FILL OUT ACCORDINGLY

Please Check Applicable Boxes

APPLICANT ENROLLING AS: ☐ Individual
(Please check ONE) ☐ Group/Payee
☐ Facility/Organization

SECTION 1 – GENERAL INFORMATION

Note: Please refer to Frequently Used Terms in the Reference Materials for definitions

Facility/Group/Company or Last Name	First	Initial	Title/Degree		
(This is the name of the provider who performs the service. If enrolling a group/payee or facility, indicate that name here.)					
Physical Address – (PROVIDER PHYSICAL STREET ADDRESS– Number	Street	Room/Suite	City	State	ZIP
Resident License Number	Professional License No. (C)			Issue Date	
Medicare Intermediary/Carrier	Medicare Number			Medicare Certification Date (C)	
Employer's Tax ID Number	Legal Name According To The IRS				
(Tax information submitted in this section must match that which is indicated on the W-9 tax form in this application.)					
CLIA Number: (C)					
Business Phone	Toll-free Phone			Fax Number	
Contact Name	Contact's Phone			Contact's Fax Number	
Payee Name					
(This is the name of the provider who receives the payment. If this information differs from the provider who performs the services, a group application will be required. Please contact, Provider Enrollment regarding exceptions at 1-888-223-3630 or (334) 215-0111.)					
Payee Address – (PROVIDER'S PAYEE/MAILING ADDRESS) Number	Street	Room/Suite	City	State	ZIP
					County Code
Payee Phone	Toll-free Phone			Fax Number	
If there are any questions concerning the completion of this application, please contact our Provider Enrollment Unit. Our Toll-Free Number is 1-888-223-3630 or 334-215-0111. FAX number is 334-215-4298					

SIGNATURE PAGE

Must be signed with an original signature

To the best of my knowledge, the information supplied on this document is accurate and complete and is hereby released to EDS and the Alabama Medicaid Agency for the purpose of issuing a Medicaid provider number.

I hereby authorize, consent to, and request the release to the Alabama Medicaid Agency of any and all records concerning me, including, but not limited to, medical records, employment records, government records, and professional licensing records, and any other information requested by the Alabama Medicaid Agency for purposes of acting on my application to be an enrolled provider under the Alabama Medicaid program.

Signature of applicant (or an authorized representative if you are enrolling as a provider group/supplier)

Signature

Title

Date

Do Not Write In This Area

(For Office Use Only)

Date: _____

Initials: _____

QC Date: _____

QC Initials _____

NOTE:

Dates of enrollment granted utilizing this application are

August 29, 2005 through November 30, 2005.

SIGNATURE PAGE (Continued)
***Penalties for Falsifying information on the Medicaid Health Care
Provider / Supplier Enrollment Application***

1. 18 U.S.C. § 1001 authorizes criminal penalties against an individual who in any matter within jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device a material fact, or make any false, fictitious or fraudulent statements or representations, or makes any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry.

Individual offenders are subject to fines of up to \$250,000 and imprisonment for up to five years. Offenders that are organizations are subject to fines of up to \$500,000. 18 U.S.C. § 3571 Section 3571(d) also authorizes fines of up to twice the gross gain derived by the offender if it is greater than the amount specifically authorized by the sentencing statute.
2. Section 1128B(a)(1) of the Social Security Act authorizes criminal penalties against an individual who "knowingly and willfully makes or causes to be made any false statement or representation of a material fact in any application for any benefit or payment under a program under a Federal health care program.

The offender is subject to fines of up to \$25,000 and/or imprisonment for up to five years.
3. The Civil False Claims Act, 31 U.S.C. § 3729 imposes civil liability, in part, on any person who:
 - a) knowingly presents, or causes to be presented, to an officer or an employee of the United States Government a false or fraudulent claim for payment or approval;
 - b) knowingly makes, uses, or causes to be made or used, a false record or statement to get a false or fraudulent claim paid or approved by the Government; or
 - c) conspire to defraud the Government by getting a false or fraudulent claim allowed or paid.
4. Section 1128B(a)(1) of the Social Security Act imposes civil liability, in part, on any person (including an organization, agency or other entity) that knowingly presents or causes to be presented to an officer, employee, or agent of the United States, or of any department or agency thereof, or of any State agency...
A claim...that the Secretary determines is for a medical or other item or service that the person knows or should know:
 - a) was not provided as claimed; and/or
 - b) the claim is false or fraudulent.
This provision authorizes a civil monetary penalty of up to \$10,000 per each item or service, an assessment of up to 3 times the amount claimed, and exclusion from participation in the Medicare program and State health care programs.
5. The Government may assert common law claims such as "common law fraud," "money paid by mistake," and "unjust enrichment." **Remedies include compensatory and punitive damages, restitution and recovery of the amount of the unjust profit.**